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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing      OR      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

A080 US

First Named Inventor

Browning

**COMPLETE IF KNOWN**

Application Number

10/077,137

Filing Date

February 15, 2002

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Baff Receptor (BCMA), An Immunoregulatory Agent

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

February 15, 2002

as United States Application Number or PCT International

(if applicable).

Application Number

10/077,137

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US00/22507	PCT	08/16/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/149,378	08/17/1999	
60/181,684	02/11/2000	
60/183,536	02/18/2000	

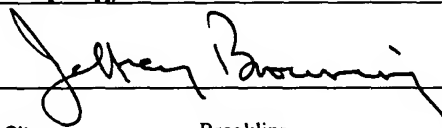
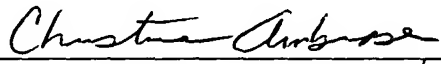
[Page 1 of 2]

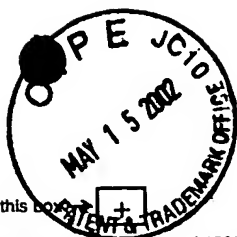
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## DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Timothy P. Linkkila			
Address BIOGEN, INC.			
Address 14 Cambridge Center			
City Cambridge	State MA	ZIP 02142	
Country USA	Telephone (617) 679-3795	Fax (617) 679-2838	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Browning (first and middle [if any])		Family Name Jeffrey or Surname	
Inventor's Signature 		Date 4/29/02	
Residence: City Brookline	State MA	Country 02146	Citizenship US
Mailing Address 32 Milton Road			
Mailing Address			
City Brookline	State MA	ZIP 02146	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Ambrose (first and middle [if any])		Family Name Christine or Surname	
Inventor's Signature 		Date 4/29/02	
Residence: City Reading	State MA	Country US	Citizenship US
Mailing Address 197 Wakefield Street			
Mailing Address			
City Reading	State MA	ZIP 01867	Country US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

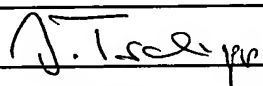
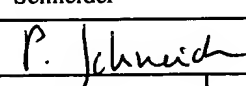


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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
MacKay				Fabienne			
Inventor's Signature				Date			
Residence: City	Vaucluse	State	NSW	Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens						
Post Office Address							
City	Vaucluse	State	NSW	ZIP	2030	Country	AU
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tschopp				Jurg			
Inventor's Signature				Date		May 14 2002	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10 chemin des Fontannins						
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Schneider				Pascal			
Inventor's Signature				Date		May 1 2002	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address							
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page ____ of ____
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Thompson				Jeffrey			
Inventor's Signature				Date		4/29/02	
Residence: City	Stoneham	State	MA	Country	02180	Citizenship	US
Post Office Address 60 Newcomb Road							
Post Office Address							
City	Stoneham	State	MA	ZIP	02180	Country	02180

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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